

QUALITY CONTROL - RETROSPECTIVE RESCREEN REPORT

CURRENT HIGH GRADE LESIONS WITH PREVIOUS NEGATIVE CYTOLOGY

Patient Name: _____

Client: _____

Current Accession Number: _____

Diagnosis: _____

Comments:

Original Screener: _____

Reviewer: _____

Pathologist: _____

PREVIOUS CASES

Year + Accession Number	Original Diagnosis	Review Diagnosis	Discrepancy	Comments & Corrective Actions

Discrepancy Codes: (1) No Discrepancy
 (2) Minor Discrepancy
 (3) Major Discrepancy

Affect Patient Care : _____No _____Yes

Action Taken:

- C Case reviewed with Cytotechnologist.
- C Amended Report Issued _____Date.
- C Report Called to Referring Physician _____
- C Quality Assurance Review by All Staff.
- C Other _____